Policy Change in Behavioral Health Care & Addictions Treatment Facilities

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Tobacco-Free Policies

Secondhand smoke poses serious health risks for everyone who is exposed to it. As more communities and workplaces become smoke free, tobacco companies push smokeless products that are also addictive and cause health problems. State and local regulations and an overall shift in the social norm of tobacco use are spurring hospitals and other organizations to implement comprehensive tobacco free campus and grounds policies that prohibit the use of all tobacco products and protect employees, consumers, and visitors from the harmful effects of secondhand smoke exposure.

There is growing evidence that strong tobacco free policies and smokefree air laws may increase quit attempts, quitting, and treatment use. When a comprehensive tobacco-free policy is implemented and enforced, employees and consumers who use tobacco are encouraged to quit.

A 2006 study compared state psychiatric hospitals that permit smoking to those that have comprehensive tobacco free policies in place, and found that facilities that permitted smoking reported significantly more tobacco-related incidents of seclusion, restraint, coercion, and threats among patients. In addition, these facilities that were not tobacco-free reported up to three times as many tobacco-related health issues among patients. In

Tobacco free policies can be successfully adopted and will contribute to positive change in the behavioral health care culture around smoking and tobacco use.

Benefits of a Tobacco-Free Campus:

- Improved overall health in employees and clients
- Dramatic reduction in tobacco-related health issues among clients and employees
- Prevent relapse among clients in recovery
- Boost in employee productivity
- Reduction in employee absenteeism due to illnesses
- Decrease in medical expenditures for workers and retirees

Campus Policies and Treatment Integration – why the two go hand in hand

Providing tobacco dependence treatment for people with mental illnesses and substance use disorders is more complex than for other tobacco users, however, evidence-based tobacco dependence treatment programs are effective for clients with mental illnesses and/or substance use disorders (MI/SUD).

Mental health and addictions providers are well equipped to integrate tobacco dependence treatment into whole-person care, because they already have the advanced training in treatment of behavioral and substance use disorders that can be easily applied to tobacco dependence.

It is crucial that implementation of tobacco-free campus policies be coupled with the integration of tobacco treatment into client care. The two efforts will minimize staff and client resistance to tobacco-free policies, improve compliance rates, and help with relapse prevention efforts for both tobacco and other addictive drugs.

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National Movement

A position statement on tobacco policy and treatment in state operated psychiatric hospitals was issued by the National Association of State Mental Health Program Directors (NASMHPD) and approved by membership in July 2006.

http://www.nasmhpd.org/general_files/position_statement/Smoking%20Position%20Statement.pdf

New Jersey was the first state to require that all residential addiction treatment programs assess and treat patients for tobacco dependence and maintain tobacco-free facilities, including grounds. An evaluation of this policy change found that tobacco dependence treatment can be successfully integrated into residential substance abuse treatment programs through policy regulation, training, and the provision of nicotine replacement therapy.^{iv}

The New York State Office on Alcohol and Substance Abuse Services (OASAS) introduced regulations governing certification of addiction treatment services, which requires programs to incorporate nicotine addiction in addiction services treatment plans for all nicotine addicted persons receiving alcohol or other drug addiction care; these landmark requirements became effective in mid-2008. http://www.oasas.state.ny.us/tobacco/index.cfm

The American Society of Addictions Medicine (ASAM) has issued a public policy statement on Nicotine Addiction and Tobacco (Revised Oct, 2008). The statement calls on all states to introduce similar regulations as New York. http://www.asam.org/NicotineAddictionandTobacco.html

Progress in Indiana

Beginning in May 2008, ITPC funded two statewide partnership grants to facilitate a statewide movement toward tobacco free mental health and substance abuse treatment facilities. *ReThink Tobacco* (Mental Health America of Indiana) and *Bringing Indiana Along* (Clarian Tobacco Control Center) have collaborated to encourage mental health and substance abuse treatment facilities to adopt comprehensive tobacco free campus policies.

Currently, approximately one-fourth (23%) of Indiana mental health and substance abuse treatment facilities are covered by a strong tobacco free campus policy. While this figure may seem small compared to the proportion of tobacco free hospitals and school districts in the state, we have made significant progress in the past two years. In 2008, only approximately 17% of mental health and substance abuse treatment facilities were covered by a comprehensive tobacco free policy.

While policy change is not easy and there are many issues to consider, it is an effective measure that will improve client treatment outcomes. The two ITPC funded statewide partners are available to offer technical assistance, and their contact information can be found here: www.in.gov/itpc/2349.htm

¹ The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General, U.S. Department of Health and Human Services.

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VITPC policy tracking: www.itpc.in.gov